

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09780477**

FILING DATE  
**02/16/01**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
17						
18						
19	1					
20	1					
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	16	→	→	→		
TOTAL CLAIMS	20					

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
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58					
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98					
99					
100					
TOTAL IND.		→	→	→	
TOTAL DEP.		→	→	→	
TOTAL CLAIMS					